



# EMPLOYMENT APPLICATION

Y.B. Welding, Inc. considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Position(s) applying for:		How did you learn about us?		Today's Date:	
Full Name (First, Middle, Last)			Date you can start:		Are you at least 18 years old? YES                      NO
Address			Are you currently employed?		May we contact your present employer? YES                      NO
Phone Number(s)		E-mail Address			Are you eligible for work in the U.S.? YES                      NO
<p>Have you ever been convicted of a felony? Yes No If yes, explain.</p> <p style="color: red;">Please note that answering "Yes" to this question will not necessarily preclude you from consideration for the position you are applying.</p>					
<p>Have you ever been dismissed from a job for disciplinary reasons? Yes No If yes, explain.</p>					
<b>AVAILABILITY</b>					
FULL TIME		___ Day Shift    ___ Night Shift (M-Th, 4:30 p.m. – 3:00 a.m.)		OVERTIME: Yes No	
PART TIME		___ Mornings    ___ Afternoons    ___ Evenings		TEMPORARY: from ___ / ___ to ___ / ___	
<b>EDUCATION</b>					
Name and Location of School		Course of Study		Years Completed	
<p>Circle all that apply:    Diploma    Degree    Elementary School    High School    Graduate/Technical</p>					

**SPECIAL STUDIES, APPRENTICESHIP, OR TRAINING ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES.**

LIST ACTIVITIES (ATHLETIC, CIVIC, FRATERNAL, HOBBIES ETC.) FIRST

**U.S. ARMED FORCES**

ACTIVE DUTY From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ \_\_\_\_\_ Position/Title  
Mo/Yr Mo/Yr Start End

List any specialized training:

**EMPLOYMENT HISTORY** - Begin with most recent

Current or most recent Employer From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ \_\_\_\_\_ Position/Title  
Mo/Yr Mo/Yr Start End

**NAME**

City/State:

Work Performed: Shift or hours worked

Phone #:

Supervisor:

Reason for wanting to leave:

**PREVIOUS EMPLOYER**

From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ \_\_\_\_\_ Position/Title:  
Mo/Yr Mo/Yr Start End

**NAME**

City/State:

Work Performed: Shift or hours worked

Phone #:

Supervisor:

Reason for wanting to leave:

**PREVIOUS EMPLOYER**

From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ \_\_\_\_\_ Position/Title:  
Mo/Yr Mo/Yr Start End

**NAME**

City/State:

Work Performed: Shift or hours worked

Phone #:

Supervisor:

Reason for wanting to leave:

**PREVIOUS EMPLOYER**

From \_\_\_\_\_ To \_\_\_\_\_ Rate of Pay \_\_\_\_\_ \_\_\_\_\_ Position/Title:  
Mo/Yr Mo/Yr Start End

**NAME**

City/State:

Work Performed: Shift or hours worked

Phone #:

Supervisor:

Reason for wanting to leave:

**REFERENCES** - List the names of three (3) people you have known at least one year who are not related to you or are not your friends.

Name Phone # Years Known	How do you know this person (supervisor/teacher)?
Name Phone # Years Known	How do you know this person (supervisor/teacher)?
Name Phone # Years Known	How do you know this person (supervisor/teacher)?

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete, and correct.

I expressly authorize, without reservation, the Company, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Company, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the Company does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary for me to reapply and complete a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the Company reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the Company is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Company's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard. I further understand that to be eligible for employment, I must complete the entire application process which may include a medical examination.

This Agreement is governed by the laws of the State of Pennsylvania.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the Company's service, whenever it is discovered.

<b>SIGNATURE</b>	<b>DATE</b>
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## APPLICATION FOR EMPLOYMENT

**1)** I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. If I am hired, I understand my application becomes part of my official employment record. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

**INITIALS:** \_\_\_\_

**2)** I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

**INITIALS:** \_\_\_\_

**3)** I understand and accept, if employed, that I will have no reasonable expectation of privacy with respect to the use of, and/or communications made via, the Employer's computers, telephones, etc.

**INITIALS:** \_\_\_\_

**4)** I understand that a background check may be required prior to employment, and that drug testing may be required. I hereby waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the employer for recruitment purposes. I hereby give consent and authorize the employer to conduct, either by itself or through the utilization of an outside agency, any investigation the employer deems necessary.

**INITIALS:** \_\_\_\_

**5)** In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates. I hereby authorize the employer to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

**INITIALS:** \_\_\_\_

**6)** Knowing and Voluntary Litigation Agreement and Waiver.

### **A. CLAIMS-IF PERMITTED IN JURISDICTION.**

To the extent permitted by Pennsylvania law and in consideration of the Company's review of my application, I agree that any claim or lawsuit of any nature which arises out of my employment with the Company, or my application for employment with the Company, must be filed no more than 1 year after the date of event complained of, unless the applicable statute of limitations period is shorter than 1 year in which case I will continue to be bound by that shorter limitations period. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 1 year, I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY, unless state law prohibits such waiver.

**B. CLAIMS BROUGHT UNDER TITLE VII OF THE CIVIL RIGHTS ACT OF 1964.**

To the extent permitted by law, and in consideration of the Company's review of my application, I agree that any Title VII claim or lawsuit which arises out of my employment with the Company, or my application for employment with the Company, must be filed no more than 185 days after the date of filing a proper and timely charge with the EEOC. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 185 days, I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY, unless Federal law prohibits such waiver or prohibits such a reduction in the statute of limitations. I further agree that if I should bring any non-statutory action or claim arising out of my employment or potential employment against the Company, in which the Company prevails, I will pay the Company any and all such costs incurred by the Company in defense of said claims or actions, including actual attorneys fees.

**INITIALS:** \_\_\_\_

I certify that I have read, fully understand, and accept all terms of the foregoing Application and Employment Statement contained in the documents.

<b>SIGNATURE</b>	<b>DATE</b>
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# EQUAL EMPLOYMENT OPPORTUNITY

## APPLICANT INFORMATION

Thank you for your employment interest with the Company. The Company is requesting the following information in order to assist our equal employment opportunity efforts. This information is voluntary and will in no way affect the processing of your application or being considered for employment.

<b>APPLICANT INFORMATION</b>			
<b>POSITION OF INTEREST:</b>		<b>DATE:</b>	
Source from which you were referred (name of newspaper, agency, friend, community organization, etc):			
<b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>DATE OF BIRTH:</b> _____		
	MONTH	DATE	YEAR
<b>RACE/ETHNIC GROUP</b>			
	White: Persons having origins in any of the original peoples of Europe or the Middle East.		
	Black: Persons having origins in any of the black racial groups of Africa.		
	Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American origins or other Spanish culture or origin, regardless of race.		
	American Indian or Alaskan Native: Persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.		
	Asian/Pacific Islanders: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands, and Samoa.		
<b>VETERAN &amp; DISABILITY STATUS</b>			
<b>VETERAN STATUS: ARE YOU A VETERAN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Vietnam-Era Veteran: Any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for 181 consecutive days.		
	Desert Storm/Shield Veteran		
	Other Military Service, please explain:		
	Disabled Veteran: Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.		
	Disabled: Any individual with a physical or mental impairment which substantially limits one or more of the major life activities of the individual.		